

FILED SEP 9 1947

Registration District No.

Primary Registration District No. 4285

State File No.

Registrar's No. 79

1. PLACE OF DEATH:

(a) County **LEWIS**
(b) City or town **LEWISTOWN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **ALVERA ALICE ROBERSON**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EDWARD E. ROBERSON** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **FEB 20 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **1** If less than one day hr. min.

9. Birthplace **LEWISTOWN MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **Joseph ALBIN**

13. Birthplace **OHIO**

14. Maiden name **MARGARET PIERCE**

15. Birthplace **Quincy ILL**

16. (a) Informant **Edward E. Roberson**

(b) Address **Lewistown, Mo**

17. (a) **Burial** (b) Date thereof **8/22/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lewistown, Mo**

18. (a) Signature of funeral director **James A. Allen**

(b) Address **Lewistown, Mo**

19. (a) **8/25/47** (b) **D. W. Jennings**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LEWIS**
(c) City or town **LEWISTOWN**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **21** year **1947** hour **4** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Aug 1** to **Aug 21** 19**47**
that I last saw him alive on **Aug 21** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration

Due to **Pneumonia**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Chas. H. Tupper** (Specify type of place) (e) Means of injury **2**
While at work? (f) Date signed **8/22/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 1
District File Number 942-119
Date Filed SEP - 8 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Charles L. Arnold, Sr.

, Registered Apprentice No.

67

working under my personal supervision.

Signed

James A. Coder

Licensed Embalmer No.

2532

P. O. Address

Lewis Town, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Lewistown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Alvera A. Robinson

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married,
divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive

7. Birth date of deceased

Feb 25
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

47

1

11

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Day 21 Year 1945
hour minute M.

21. I hereby certify that I attended the deceased from 10 to 19;
that I last saw him alive on 12/21/45 and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature (M. D. or other)

Address Lewistown Date signed 12/21/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-28269